

# KAPOSI'S SARCOMA BODY CHART AND PATIENT EVALUATION FORM

ART #: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ AGE \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NB: Complete this section ONLY at initial visit AND before Paclitaxel (Taxol)**

Patient on ART (circle)?      Yes      No      Indication (circle)?      WHO III      WHO IV      CD4 <250 or 350

ART Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      ARV Regimen (circle):      1A      2A      5A      7A

Urine Pregnancy Test (circle):      POS      NEG      Other regimen (specify): \_\_\_\_\_

**NB: For patients on Bleomycin+Vincristine complete at initial visit, before 10th cycle, before 20th cycle AND 4+ weeks AFTER 20th cycle.**

**NB: For patients on Taxol complete at initial visit, before 8th cycle AND 4+ weeks AFTER 8th cycle.**

Diagnosis (circle):      Clinical      Biospy proven      Date Biopsy Sample taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If Biopsy, date result reported: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Evaluation (circle):

Bleomycin + Vincristine      Initial Visit      10 cycles      20 cycles      4+ weeks AFTER

Taxol      Initial Visit      8 cycles      4+ weeks AFTER

## HISTORY

Patient laying down for most of the day?      Yes      No

Patient unable to eat (due to oral lesions)?      Yes      No

Patient with difficulties walking?      Yes      No

Patient with history of opportunistic infection since last visit or within last 6 months?      Yes      No

Patient currently having unexplained night sweats?      Yes      No

Patient with > 10% weight loss from baseline or last visit?      Yes      No

Patient with diarrhea for more than 2 weeks since last visit?      Yes      No

**Classification at presentation:      S1 / S0      (mark S1 if Yes to any of above)**

## CLINICAL EXAMINATION:

Number of lesions (circle):      < 25      26 - 50      >50

Find largest lesion: 1) Longest dimension (cm): \_\_\_\_\_ 2) Maximum perpendicular dimension (cm): \_\_\_\_\_

Oedema:      Yes      No

Extensive oral lesion(s):      Yes      No

Visceral lesion suspected (in lungs, GI tract, etc.):      Yes      No

Ulcerations:      Yes      No

**Classification at presentation:      T1 / T0      (mark T1 if Yes to any of above)**

Bleomycin:      start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vincristine:      start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Paclitaxel      start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CLINICIAN NAME: